STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH BUREAU OF REGULATORY SERVICES

In re: Cheryl A. Ford

Petition No. 2002-0204-058-002

REINSTATEMENT CONSENT ORDER

WHEREAS, Cheryl A. Ford of Fairfield (hereinafter "respondent") has been issued license number

003497 to practice clinical social work by the Department of Public Health (hereinafter "the

Department") pursuant to Chapter 383b of the General Statutes of Connecticut, as amended; and,

WHEREAS, respondent's license expired on October 31, 2000, and respondent has now applied to

have said license reinstated by the Department pursuant to Chapter 368a of the General Statutes of

Connecticut, as amended; and,

WHEREAS, respondent hereby admits as follows:

1. That from October 31, 2000 until present she practiced as a clinical social worker during

which time her license was lapsed.

2. That the conduct described above constitutes grounds for denial of respondent's application for

reinstatement pursuant to §19a-14(a)(6) of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §§19a-17 and 20-195p of the General Statutes of Connecticut, as

amended, respondent hereby stipulates and agrees as follows:

1. She waives her right to a hearing on the merits of this matter.

2. Respondent's license to practice clinical social worker shall be reinstated when she satisfies

the requirements for reinstatement of her license, as set forth in §§ 19a-14-1 through 19a-14-5,

- inclusive, of the Regulations of Connecticut State Agencies, and this Reinstatement Consent Order is executed by all parties.
- 3. Respondent shall pay a civil penalty of three hundred dollars (\$300.00) by certified or cashier's check payable to "Treasurer, State of Connecticut". The check shall reference the Petition Number on the face of the check. Said civil penalty shall be payable at the time respondent submits this executed Reinstatement Consent Order to the Department.
- 4. Respondent shall comply with all federal and state statutes and regulations applicable to her license.
- 5. Respondent shall notify the Department of any change in her home and/or business address within fifteen (15) days of such change.
- 6. Legal notice shall be sufficient if sent to respondent's last known address of record reported to the Licensure and Registration Section of the Division of Health Systems Regulation of the Department.
- 7. Respondent understands this Reinstatement Consent Order may be considered as evidence of the above-admitted violations in any proceeding before a Connecticut Department of Public Health Hearing Officer in which (1) her compliance with this Reinstatement Consent Order is at issue, or (2) her compliance with §20-195p of the General Statutes of Connecticut, as amended, is at issue.
- 8. This Reinstatement Consent Order and the terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Further, this Reinstatement Consent Order is not subject to appeal or review under the provisions of Chapters 54 or 368a of the Connecticut General Statutes provided that this stipulation shall not

deprive respondent of any other rights that she may have under the laws of the State of Connecticut or of the United States.

- 9. This Reinstatement Consent Order is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.
- 10. This Reinstatement Consent Order is effective when accepted and approved by a duly appointed agent of the Department.
- 11. Respondent has the right to consult with an attorney prior to signing this document.
- 12. This Reinstatement Consent Order is a matter of public record.

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I, Cheryl A. Ford, have read the above Reinstatement Consent Order, and I agree to the terms and allegations set forth therein. I further declare the execution of this Reinstatement Consent Order to be my free act and deed.

Cheryl	a. Ful
Cheryl A. Ford	
20day of	February

Subscribed and sworn to before me this ____

My Commission Evp. Apr. 30, 2002

Notary Public or person authorized by law to administer an oath or affirmation

The above Reinstatement Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 22 Nd day of Feb 2002, it is hereby ordered and accepted.

Debra J. Turcotte, Director

Division of Health Systems Regulation

Reinco/jc

Petition No. 2002-0204-058-002

STATE OF CONNECTICUT



DEPARTMENT OF PUBLIC HEALTH CERTIFIED MAIL RETURN RECEIPT REQUESTED 7099 3400 0018 2731 1102

February 22, 2002

Cheryl A. Ford 104 Shoreham Village Drive Fairfield, CT 06430

Dear Ms. Ford:

This is to advise you that you have completed all requirements for reinstatement of your Connecticut clinical social worker license. License number 003497 has been reinstated effective February 22, 2002 in accordance with the enclosed Reinstatement Consent Order, which takes effect immediately.

You will receive your license in approximately eight (8) weeks, at your address of record. Instructions regarding future renewal will be enclosed. Failure to renew your license within ninety (90) days of the due date will result in your license becoming void. In that event, re-licensure would require a new application to the Department and a review of all credentials to determine whether you would satisfy current licensing requirements. In order to avoid such a process, be sure to renew your license in a timely manner each year in the month of your birth.

It is your responsibility to notify the Department of Public Health, in writing, of any future changes of name and/or address. Such notification to the Department is required by law and failure to provide same will jeopardize the status of your license.

If you have any questions, please do not hesitate to contact this office at 860-509-7590.

Sincerely,

Stephen B. Carragher

Health Program Supervisor

Division of Health Systems Regulation

cc: /Jennifer Filippone, Public Health Services Manager

Stanley Peck, Director, Legal Office

Donna Brewer, Director, Public Health Hearing Office Bonnie Pinkerton, Supervising Nurse Consultant

SBC/jc

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Phone:

Telephone Device for the Deaf (860) 509-7191 410 Capitol Avenue - MS # ______ P.O. Box 340308 Hartford, CT 06134 An Equal Opportunity Employer